RESERVE COMPONENT SURVIVOR BENEFIT PLAN ELECTION CERTIFICATE PRIVACY ACT STATEMENT AUTHORITY: 10 U.S.C.1448, Application of Plan and E.O. 9397. PURPOSE: To allow eligible personnel to elect to participate in the Survivor Benefit Plan. ROUTINE USE:: None. Furnishing the information is voluntary. Not providing the information could delay the processing of your Reserve Component Survivor Benefit Plan Election. US AIR FORCE RESERVE/ANG ONLY DSN: 926-6438 MAIL THIS FORM TO: THE DECISION YOU MAKE WITH RESPECT TO TOLL FREE: 1-800-525-0102, PARTICIPATION IN THIS RESERVE COMPONENT **EXT 227** SURVIVOR BENEFIT PLAN IS VERY IMPORTANT. HQ ARPC/DPSSE PLEASE CONSIDER YOUR DECISION AND ITS 6760 E IRVINGTON PL #4000 COMMERCIAL: (303) 676-6438 EFFECTS VERY CAREFULLY. **DENVER CO 80280-4000** SECTION I MEMBER INFORMATION NAME (Last, First, MI) SSN **TELEPHONE RANK** MAILING ADDRESS FOR ARPC USE ONLY DOB SECTION II MARITAL/DEPENDENCY STATUS ARE YOU MARRIED? DO YOU HAVE CHILDREN? YES NO NO **SECTION III** SPOUSE/CHILD(REN) INFORMATION SPOUSE'S NAME (Last, First, MI) SPOUSE'S SSN SPOUSE'S DOB DATE OF MARRIAGE I HAVE THE FOLLOWING UNMARRIED, DEPENDENT CHILDREN UNDER AGE 22 (OVER AGE 22 AND INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY INCURRED BEFORE AGE 18 OR, AFTER AGE 18, BUT BEFORE AGE 22 WHILE ATTENDING SCHOOL.) RELATIONSHIP DISABLED CHILD'S NAME (Last, First, MI) CHILD'S SSN CHILD'S DOB (SON, DAUGHTER, ETC.) (YES/NO) SECTION IV FORMER SPOUSE AND CHILD(REN) OF THAT MARRIAGE FORMER SPOUSE'S NAME (Last, First, MI) FORMER SPOUSE'S SSN FORMER SPOUSE'S DOB DATE OF DIVORCE I HAVE THE FOLLOWING UNMARRIED, DEPENDENT CHILDREN UNDER AGE 22 (OVER AGE 22 AND INCAPABLE OF SELF-SUPPORT BECAUSE OF A DISABILITY INCURRED BEFORE AGE 18 OR, AFTER AGE 18, BUT BEFORE AGE 22 WHILE ATTENDING SCHOOL.) RELATIONSHIP DISABLED CHILD'S NAME (Last, First, MI) CHILD'S SSN CHILD'S DOB (SON, DAUGHTER, ETC.) (YES/NO)

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